

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-017260

318

1003

4091

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAY 1 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

Length of stay in 1b

OR  
TOWN

St. Louis

10 days

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION

Firmen DesLoge Hosp.

Inside Limits

Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Ill.

b. COUNTY St. Clair

c. CITY

OR  
TOWN

Fairmont City

Inside Limits

Yes ☒ No ☐d. STREET  
ADDRESS

(If outside, give location)

2551 North 44th. Street

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

JOSEPHINE

MARY

SIERRA

4. DATE  
OF  
DEATH

Month

Day

Year

April 16, 1962

## 5. SEX

Female

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

7/25/13

## 9. AGE (last birthday)

48

## IF UNDER 1 YEAR

Months

Days

Hours

Min.

8 21

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitress-Missouri Pacific Building

## 10b. KIND OF BUSINESS OR INDUSTRY

Springfield, Ill.

## 12. CITIZEN OF WHAT COUNTRY

U. S. A.

## 13a. FATHER'S NAME

Joseph Anthony Naves, Sr.

## 13b. MOTHER'S MAIDEN NAME

Josephine Mary Garcia

## 14. NAME OF HUSBAND OR WIFE

Angel Sierra

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)  
No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Angel Sierra - Fairmont City, Il

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

RENAL FAILURE-UREMIA

INTERVAL BETWEEN  
ONSET AND DEATH

3 weeks

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

CHRONIC PYELONEPHRITIS

1 year

DUE TO (c)

600.0

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURY

Hour

Month, Day, Year

a.m.

p.m.

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

## COUNTY

## STATE

21. I attended the deceased from APRIL 4-62, to APRIL 16 and last saw her alive on APRIL 16  
Death occurred at 8:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Martin G. Austin MD

## 22b. ADDRESS

634 N Grand Blvd

## 22c. DATE SIGNED

4-19-62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Burial

## 23b. DATE

4/21/62

## 23c. NAME OF CEMETERY OR CREMATORY

Mount Carmel

## 23d. LOCATION (City, town, or county)

Belleville, Illinois

## (State)

## 24. FUNERAL DIRECTOR

## ADDRESS

John J. Kassly-East St. Louis, Ill.

## 25. DATE RECD. BY LOCAL REG.

APR 19 1962

## 26. REGISTRAR'S SIGNATURE

Earl Smith, M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300  
Rev. 4/59

1

3

4 1

5 1

6

7 1

8 1

9

10

11

12 61-0

13

61

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is Embalmed recorded on the reverse side of this certificate was embalmed by me,  
or by John Kassaly III Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed John Kassaly III

Licensed Embalmer No. 5039

P. O. Address E. H. Davis All.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.